

ACC NJ GPC REQUEST FORM

****Only one action per/request****

- (1) **ACTION:** New Account, Card Holder, New BO, Replacement BO
 Change Limits/Change of Address, Terminate Card Holder
 OTHER: _____
- (2) **PCOLS OFFICE NAME:** _____
- (3) **New BO Name:** _____, **Existing BO:** _____
- (4) **EDIP# #:** _____ *(Work address only)*
- (5) **Street Address:** _____
- (6) **City:** _____, **State:** _____, **Zip:** _____
- (7) **Office Number:** _____
- (8) **Email:** _____ @mail.mil, **Token Sent:** _____
- (9) ***Signature of Requestor:** _____
- (10) **BO's Supervisor's Name:** _____
- (11) **EDIP# #:** _____
- (12) **Email:** _____ @mail.mil, **Token Sent:** _____
- (13) **Alternate BO Name:** _____
- (14) **EDIP# #:** _____ *(Work address only)*
- (15) **Street Address:** _____
- (16) **City:** _____, **State:** _____, **Zip:** _____
- (17) **Office Number:** _____
- (18) **Email:** _____ @mail.mil, **Token Sent:** _____
- (19) **Card Holder's Name:** _____
- (20) **Street Address:** _____
- (21) **City:** _____, **State:** _____, **Zip:** _____
- (22) **Office Number:** _____ *(Work address only)*
- (23) **Email:** _____ @mail.mil.
- (24) **CH's Supervisor's Name:** _____
- (25) **EDIP# #:** _____
- (26) **Email:** _____ @mail.mil, **Token Sent:** _____
- (27) **RM:** _____, ***RM SIGNATURE:** _____
- (28) **Email:** _____ @mail.mil.
- (29) **Single Purchase Limit:** \$ _____
- (30) **Cycle Limit:** _____
- (31) **Credit Limit:** _____

Must Sign for Every Action – Can be Electronic Signature